

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**


<b>DOCUMENT # B98000000596</b> 1. Entity Name <b>HARPER FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>70393 BRAVO STREET COVINGTON LA 70433</b>	Mailing Address <b>70393 BRAVO STREET COVINGTON LA 70433</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1ST MOORE CR2E003 (10/04)  
4. FEI Number **72-1405201**  
Applied For ☐ Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b> <b>BLANKENSHIP, RUSSELL 1733 HILL AVENUE MANGONIA PARK FL 33407</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
9. Capital Contributions as Shown on record. <b>\$175,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M98000001153	STREET ADDRESS	
NAME	CRESCENT CITY/HARPER PROPERTIES, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	70393 BRAVO STREET		
CITY-ST-ZIP	COVINGTON LA 70433		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	<b>Jack B. Harper</b> Date <b>2-2-05</b> Daytime Phone #
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